|   | ( ) · · · ·   |   |
|---|---|---|
| STATEMENT   | F ORGANIZATION  | OFFICE USE ONLY                                     |
| 1. Name and Address of Committee  Polytherapy  Address of Committee  Check If: New Committee  | 2. Date of this Statement  3. Estimated Membership  4. Amended Statement?  Yes No | PAC<br>5/0<br>1/12<br>#896344<br>#1135              |
| 5. All Committee Officers and Directors (including  | Chairperson, Treasurer, if any, and any other committee of                        | ·   |
| Try Claster   | asurer P. Gay 3745  | 474 h 7-000   |
| Affiliated Organizations     (Any organization, other than a political commit   | ttee, which directly or indirectly established, administers, or                   | financially supports this committee.)               |
| a. <u>Name</u> b. <u>Add</u>  | <u>ress</u>   | c. Relationship to Committee                        |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) |   |   |
| a. Name b. Add  Frank Str. 1 de   | 1955 Miysa Ball 1065475   | P.O. Bx 3745,                                       |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE Committee  | CANDIDATE: a. Check one: Principal Camp   | aign Committee Subsidiary                           |
| b. Name of Candidate  |   | c. Office Sought by the Candidate                   |
| 9. a. Name of Person Preparing Report  b. Daytime Telephone   | JA7 Anote   |   |
| 10. WE HEREBY CERTIFY that the information coand belief.  This day of   | ontained in this STATEMENT OF ORGANIZATION is true an                             | d correct to the best of our knowledge, information |
| Signature of Committee Chairperso   |   | ime Telephone Number                                |
| Signature of Committee Treasurer.   | if any Day  | time Telephone Number                               |